



Postmortem Specimen Identification Form

Chain of Custody Documentation

A copy of this form must be completed for each specimen submitted.

Section I: Patient Information to be Completed by Collector/Packager

<i>First</i>	<i>Middle</i>	<i>Last</i>	Male Female	
Patient's Full Name: (print) _____				
Patient's Date of Birth: (mm/dd/yyyy) ____/____/____	Specimen ID#: (if available) _____			
Patient's Date of Death: (mm/dd/yyyy) ____/____/____	Type: Blood	Buccal	Tissue	Hair
Patient's PAN/SSN : _____	Other: _____			
Case Reference #: (if available) _____	How was sample stored?: _____			
	<input checked="" type="checkbox"/> _____/____/____ Specimen Collection Date (mm/dd/yyyy)			

Section II-A: Information to be Completed by Collector

If you are the Collector of the Patient's specimen, please complete this section. If you also packaged the specimen, complete the section below.

I, _____,
hereby affirm that I have properly identified this specimen
of the deceased patient. I have collected the specimen and
labeled the container and package properly with the
patient's name, date of birth, and date of collection.

Collection Facility Information:

Name: _____ Suite #
Address: _____
C/S/Zip: _____
Country: _____
Phone: (____) _____ - _____

Signature of Collector

Collection Date (mm/dd/yyyy) Time

Section II-B: Information to be Completed by Packager

If you are the Packager of the Patient's specimen, please complete this section.

I, _____,
hereby affirm that I have properly identified this specimen
of the deceased patient. I have packaged the specimen
and labeled the container and package properly with the
patient's name, date of birth, and date of collection.

Storage/Collection Facility Information:

Check here if the facility information is the same as above.

Name: _____ Suite #
Address: _____
C/S/Zip: _____
Country: _____

Signature of Packager

Date (mm/dd/yyyy) Time

Phone: (____) _____ - _____

Please be sure the form is completed. Incomplete forms may jeopardize Chain of Custody and delay testing.

WARNING: This form and the collection kit are the property of BioAxis DNA Research Centre pvt ltd. Use of any BioAxis DNA Research centre pvt ltd materials and camera to serve laboratories other than BioAxis DNA Research Centre pt ltd is strictly prohibited.